

- |            |                      |                           |                   |                        |                            |                 |
|------------|----------------------|---------------------------|-------------------|------------------------|----------------------------|-----------------|
| 1 - Office | 4 - Home             | 8 - Correctional Facility | 11 - Faith-based  | 14 - Client's Job Site | 17 - Non-Traditional       | 20 - Telehealth |
| 2 - Field  | 5 - School           | 9 - Inpatient             | 12 - Health Care  | 15 - Adult Residential | 18 - Other                 | 21 - Unknown    |
| 3 - Phone  | 6 - Satellite Clinic | 10 - Homeless             | 13 - Age-Specific | 16 - Mobile Service    | 19 - Childrens Residential |                 |

Date:	Time:	Location:	Service Type: <b>MEDS VISIT</b>
IDENTIFYING DATA:			
CHIEF COMPLAINT:			
HX OF PRESENT ILLNESS:			
PSYCHIATRIC HISTORY:			
Inpatient:			
Outpatient:			
Past medications:			
Current medications:			
Suicidal/homicidal ideation/attempts:			
Physical/Sexual abuse:			
Substance abuse:			
MEDICAL HISTORY:		Allergies:	
FAMILY HISTORY:			
SOCIAL/CULTURAL HX:			
<b>ADULT PSYCHIATRIC EVALUATION</b>		<b>NAME:</b>	
<b>Confidential Patient Information</b> <b>See W&amp;I Code 5328</b>		<b>CHART NO:</b>	
		<b>DOB:</b>	
		<b>PROGRAM:</b>	
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<b>MENTAL STATUS:</b>					
[WNL = Within Normal Limits]					
Appearance/Hygiene:		<input type="checkbox"/> WNL <input type="checkbox"/> Disheveled <input type="checkbox"/> Poor hygiene			
Behavior:		<input type="checkbox"/> WNL <input type="checkbox"/> Uncooperative <input type="checkbox"/> Poor eye contact <input type="checkbox"/> Withdrawn <input type="checkbox"/> Aggressive/agitated <input type="checkbox"/> Intrusive <input type="checkbox"/> Pacing			
		<input type="checkbox"/> Talks/smiles/laughs to self <input type="checkbox"/> Other (specify): _____			
Speech:		<input type="checkbox"/> WNL <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Slow <input type="checkbox"/> Soft <input type="checkbox"/> Other (specify): _____			
Mood/Affect:		<input type="checkbox"/> WNL <input type="checkbox"/> Depressed <input type="checkbox"/> Angry/irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Flat/blunted <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted/restricted			
		<input type="checkbox"/> Labile <input type="checkbox"/> Other (specify): _____			
Perceptual Process:		<input type="checkbox"/> WNL    Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Command in nature <input type="checkbox"/> Visual <input type="checkbox"/> Other (specify): _____			
Thought Process:		<input type="checkbox"/> WNL <input type="checkbox"/> Loose <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Disorganized <input type="checkbox"/> Thought blocking			
Thought Content:		<input type="checkbox"/> WNL <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Homicidal Ideation			
		Delusions: <input type="checkbox"/> Paranoid/persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Religious <input type="checkbox"/> Nihilistic <input type="checkbox"/> Somatic <input type="checkbox"/> Erotomanic			
Insight: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			Memory: <input type="checkbox"/> WNL    Impaired: <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote		
Judgment: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			<input type="checkbox"/> Oriented X 4   OR NOT Oriented to <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation		
DIAGNOSTIC IMPRESSION (see Diagnosis form in chart for client's official diagnosis):        “P” after principal diagnosis if not first on Axis I					
AXIS I					
AXIS II					
AXIS III					
AXIS IV					
AXIS V   Current GAF = _____					
TREATMENT PLAN / RECOMMENDATIONS:					
ADULT PSYCHIATRIC EVALUATION  Confidential Patient Information See W&I Code 5328			NAME:		
			CHART NO:		
			DOB:		
			PROGRAM:		
			CLINICAL PRACTICE		